



Introduction to the ODMHSAS/OHCA Behavioral Health Customer Data Core (CDC)

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Overview of Presentation



- What is the Customer Data Core?
- Who uses the data?
- Transaction Types
- CDC data elements



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What is the Customer Data Core?

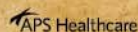


- Set of behavioral data fields used to collect consumer demographic and information about treatment need
- Based on national behavioral health data standards

Who uses the data?



- OHCA/ODMHSAS
 - Program Monitoring
 - Reports
- Providers
 - Performance Improvement
 - Funding Opportunities, e.g., grants
 - Accreditation Requirements
- Oklahoma Legislature
 - Funding Allocations, e.g., PACT, Drug Court
- Federal Government
 - National Outcome Measures



Transaction Types



- Used to indicate the type of care rendered
- Used to show a change in care
- | <u>Types</u> | <u>Codes</u> |
|----------------------|----------------|
| – Pre-Admission | (21, 25, & 27) |
| – Admissions | (23) |
| – Level of Care | (40) |
| – Information Update | (41) |
| – Update (6 month) | (42) |
| – Discharge | (60-72, 92) |

Transaction Types



- Pre Admission (aka Contact) – 21
 - Purpose is to determine the appropriateness of a possible admission, make a referral, or deny agency services.
 - Section I only and name/address information
 - Good for 30 days



Transaction Types



- **First Contact - 27**
 - The intent is to measure the timeliness of treatment, from the first contact with an agency (in person or by phone) until the assessment or admission.



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Transaction Types



- Admission - 23
 - Should be used when an individual agrees to receive services and be admitted to your facility.
 - Reflects the beginning of a treatment regimen for the customer.
 - Only needs to be entered once and will remain open until treatment is complete and a discharge is reported.



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Transaction Types



- A Level of Care Change - 40
 - Level of Care is reported when a **change in treatment delivery** has occurred, but not a disruption or discontinuation of services.
 - Levels of Care include:
 - Outpatient (OO)
 - Community Living (CL)
 - Residential Treatment (CI)
 - Detoxification (SN)
 - Community Crisis Care (SC)
 - Hospitalization (HA)



Transaction Type



- Update - 41
 - Information update indicates customer information has updated or changed since the last transaction was reported for the customer.
 - Only the fields with changes since the last transaction on file need to be updated.
 - Examples:
 - Change in address
 - Change in residence



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Transaction Types



- **Six-Month Update - 42**
 - The Six-Month Update is to be reported at the six month mark since admission for the customer. Update the information that has changed since the last transaction was reported.
 - Triggers a PA extension request



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Transaction Types



- Discharge Transaction Types
 - A discharge is the termination of all services or further contacts with the customer at the facility.
 - The transaction type for discharges are 60 – 72, and 92.



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Discharge Transaction Types



- **Discharge/Completed Treatment - 60**
 - The discharge transaction code 60 is reported when the customer and the counselor, clinician, etc, agree that the treatment plan has been completed and services are no longer necessary at this agency.



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Discharge Transaction Types



- Discharge/Completed Court Commitment
-61
 - The discharge transaction code 61 is reported when the customer has completed the court treatment under which he/she was admitted and is no longer legally required to remain in treatment.



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Discharge Transaction Types



- Discharge/Left Against Counselor's Advice (ACA) - 62
 - Left Against Counselor's Advice (ACA) is reported when the customer leaves treatment against the advice of the counselor/clinician.



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Discharge Transaction Types



- Discharge/Moved - 63
 - The discharge transaction code 63 is reported when the customer moves his/her residence to a different geographical location and it is no longer feasible to receive services at the present agency given the distance.



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Discharge Transaction Types



- Discharge/Transferred to Another Treatment Facility - 64
 - This discharge is reported when the customer transfers to another treatment agency regardless of whether it is funded by DMHSAS.



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Discharge Transaction Types



- **Discharge/Incarcerated - 65**
 - This discharge transaction is reported when the customer's treatment is terminated due to entering a correctional facility, such as jail or prison.
- **Discharge/Broke Rules - 66**
 - This discharge transaction is reported when the customer breaks written rules of the facility (ex. Showed up intoxicated).



Discharge Transaction Types



- Discharge/Absent Without Leave (AWOL) - 67
 - AWOL is reported when the customer leaves an inpatient facility prior to the treatment plan, goals and objectives, or period of time indicated by the program criteria.
 - Only for Mental Health Inpatient



Discharge Transaction Types



- **Discharge/Death - 68**
 - This discharge is reported when the agency learns the customer is deceased.
- **Discharge/Failed To Begin Treatment - 69**
 - This discharge transaction is reported when a Customer Data Core admission record (23) has been submitted but the treatment plan was not initiated.



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Discharge Transaction Types



- Discharge/Due To Treatment Incompatibility - 70
 - This discharge transaction is reported when treatment is not complete but the staff **and the customer** feel the episode should be terminated since continued stay will not be therapeutic for the customer.



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Discharge Transaction Types



- Discharge/Medical - 71
 - Medical discharge is reported when a customer is discharged prior to treatment completion, necessitated by a need for a medical treatment that cannot be managed concurrently with treatment.



Discharge Transaction Types



- Discharge/Dependent Child Left Due to Parental Discharge - 72
 - This is for residential treatment and halfway house only and is to be used as the discharge code for dependent children. The adolescents are in substance abuse treatment **WITH** their parents. This discharge is not to be used for the discharge of adolescents in treatment without their parents.



Discharge Transaction Types



- Discharge/Automatic - 92
 - Automatic discharge is reported when a customer has not received services in 180 days.
 - Counts against your scores.
 - If you have a customer you wish to keep in the data system past the 180 days, you may do so by reporting a transaction type 42 every six months.



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Fields to Update at Discharge



- All fields will be assumed to be updated on all transaction types.
- Prior to 7/1/2010, only certain fields were required to be updated for different transactions.
- To allow agencies to receive credit for all the changes which occurred during treatment, most fields are allowed to be updated, regardless of transaction type.



CDC Section I



- Agency
 - Identifies the agency reporting the CDC
 - A 10 character number assigned by OHCA.
- Transaction Date
 - Enter date in MMDDYYYY format.
 - the date of transaction refers to the date of the event, not the date the transaction was entered into the system.



CDC Section I



- **Military Time (transaction time)**
 - The time reported should be the time of the transaction (0000-2359).
- **Transaction Type**
 - The Transaction Type is a two-digit code that indicates the nature of this particular event.
 - (21, 23, 25, 27, 40-42, & 60-72)
 - 92 is not listed because this is an ODMHSAS code only



CDC Section I



- **Member ID**
 - An assigned number to identify customers who are acquiring services.
 - If the Member ID is incorrect, payments will not be able to be made for these individuals.
- **Date of Birth**
 - Enter date in MMDDYYYY format.



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CDC Section I



- Service focus
 - The Service Focus is a combination of the presenting problem(s) of the customer and the type of treatment the agency is able to provide to the customer.
 - Check the CDC Manual for types and explanations.
 - In some cases, the service focus will effect which type of prior authorization (PA) is received, or whether an instant PA is created.



CDC Section I



- Race

- Select all that apply
 - White
 - Black/African American
 - American Indian
 - Native Hawaiian or other Pacific Islander
 - Asian

- Ethnicity

- A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or descent.
- If only Hispanic/Latino then race is White.
- If Hispanic/Latino, you still must choose a race.
 - 1 – Yes
 - 2 – No



CDC Section I



- **Social Security Number (SSN)**

- Enter the customer's valid Social Security Number, no dashes.
- Customer SSN is required.

- **Gender**

- F = Female
- M = Male

- **Alert Information**

- 50 character area to add some information about the customer that may be helpful, but not able to list anywhere else on the CDC (Not required).



CDC Section I



- **Screening**

- Formal process to determine the likelihood that an individual may be experiencing mental health, substance abuse, or trauma related disorders.
- Establish the need for more in-depth assessment.
 - 1 = Positive (Need further treatment)
 - 2 = Negative (Not discovered at this time)
 - 3 = Not Administered



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CDC Section I



- Primary and Secondary Referral
 - Enter the referral code that **best indicates** from whom the individual was referred for services.
 - Every Pre-Admission or Admission must have a primary referral code.
 - Should there be a secondary referral, enter the appropriate referral code of the additional referral.
 - At discharge (60-72), Primary Referral should indicate where the customer is being referred to.



CDC Section I



- Primary and Secondary Referral Agency #
 - If the primary or secondary referral is from an ODMHSAS/OHCA Funded Facility (referral code 40), the ten-character NPI for that facility must be entered.



CDC Section I



- **County of Residence**
 - Enter the Oklahoma County Code of where the customer is residing at the time of contact or admission.
 - If the customer is a resident of another state, enter the two-character alpha code. (Ex. TX, KS)
 - For homeless customers you report the county of the most recent legal address or county in which they spent the previous evening.
 - Codes can be found in the CDC manual.



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CDC Section I



- Zip Code
 - Enter the five or nine-digit code associated with the individual's address.
 - If no legal address enter 99999 for the zip code.
 - The residence must be “Homeless-Streets” (**J**) if all nines are entered as the zip code.
 - If the customer's residence is “Homeless-Shelter,” (**I**) report the zip code of the shelter.



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CDC Section II



- **Residence**

- Enter the letter (A-J) in the box that best corresponds to the type of dwelling in which the customer was living at the time of admission.
- When completing a discharge, report to where the customer is going.
 - A – Permanent Housing
 - B – Permanent Supported Housing – Non-Congregate
 - C – Permanent Supported Housing – Congregate
 - D – Transitional Housing
 - E – Temporary Housing
 - F – Residential Care Facility/Group Home
 - G – Nursing Home
 - H – Institutional Setting
 - I – Homeless-Shelter
 - J – Homeless-Streets



CDC Section II



- Is Customer in Prison/Jail?
 - If the customer is in Prison or Jail, mark 1 for Prison, 2 for No, or 3 for Jail.
 - If incarcerated in a state or federal correctional facility, then customer is in prison.
 - If customer is in prison (1), then current residence must be institutional setting (H).
 - If incarcerated in local law enforcement facility (county, city, township, etc.), then the customer is in jail.



CDC Section II



- **Living Situation**

- Enter the number (1-3) in the box that best corresponds with whom the customer was residing at the time of admission.

- **1. Alone** – living with no one; or living in an institutional or communal setting—interaction may only occur because of residing in the same building.
- **2. With Family/Relatives** – living with a spouse, children, parents, siblings, grandparents, aunts, uncles, etc.
- **3. With Non-Related Persons** – significant other, friends, etc.



CDC Section II



- **Chronic Homelessness**

- “Yes” if an individual with a disabling condition has either
 - a) been continuously homeless for a year or more
 - b) has had at least 4 episodes of homelessness in the past 3 years
 - (1 = yes; 2 = no)
- For this condition, homeless must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.



CDC Section II



- **Employment**

- Employment status of the customer at the time of data reporting.
- 1. Full time
- 2. Part time
- 3. Unemployed
- 4. Not in Labor Force

- **Type of Employment/Not in Labor Force**

- Enter the code (1-6) which best describes the type of employment of the customer. If the customer is Unemployed, Mark “None” (4). If customer is not in labor force then A-F must be used.
- 1. Competitive
- 2. Supported
- 3. Volunteer
- 4. None
- 5. Transitional
- 6. Sheltered Workshop
- A. Homemaker
- B. Student
- C. Retired
- D. Disabled
- E. Inmate
- F. Other



CDC Section II



- Education (Highest Grade Completed)
 - Enter the number that represents the highest grade completed by the customer. Twenty-five is the maximum number that can be reported.
 - If the customer has achieved a GED, enter 12.

Ex. Freshman = 13, Sophomore = 14, Junior = 15, Senior = 16, Masters = 17, then add 1 for each additional year after Masters, with a maximum of 25.



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CDC Section II



- Is Customer Currently in School?
 - (1 = yes; 2 = no)
 - The “In School” variable reflects the person’s school attendance for the past month the school was **in session**.



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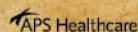


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- **Military Status**

- A veteran is a person 16 years or over who had served (regardless of the amount of time, type of discharge, or eligibility status for VA benefits) but is not now serving on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, or who served as a Merchant Marine seaman during World War II.
- Persons who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty not counting the 4-6 months for initial training or yearly summer camps.
 - 1 – Veteran
 - 2 – No
 - 3 – Active



CDC Section II



- **Marital Status**

- (1) Never Married
- (2) Now Married
- (3) Divorced
- (4) Widowed
- (5) Living As Married
- (6) Separated

- **Is customer Pregnant**

- Only asked if customer is female
- If 'Yes' then customer must be between 12 and 55 years of age
 - (1 = Yes; 2 = No)

- **If “Yes” enter expected DOB, blank if “No”.**

- Example: MMDDYYYY, 12/28/2009



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CDC Section II



- Annual Income
 - Enter the dollar amount only, (no cents), which represents the total combined annual income of the customer and any individuals with which the customer is financially interdependent.
 - If annual income is unknown, multiply the estimated monthly income by 12.
- Number Contributing and/or Dependent on Income
 - Enter the number (01-15) of individuals dependent upon **or** contributing to the income of the customer.
 - Must indicate the number of people that must live on the income reported.



CDC Section II



- **Supplemental Security Income (SSI)**
 - SSI is a federal need-based program (Title XVI of the Social Security Act) that provides monthly payments to aged, blind, and disabled persons who have little or no resources and income.
- **Social Security Disability Insurance (SSDI)**
 - This federal program (Title II of the Social Security Act) provides cash benefits for those disabled workers (and their dependents) that have contributed to the Social Security Trust Fund through the withholding of FICA tax on their earnings or through direct payment of FICA tax by self-employed individuals. This is not a need-based program.



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CDC Section II



- **Insurance** - These fields indicate whether the customer is Medicare or Medicaid eligible.
 - **MEDICARE**
 - (1 = Yes; 2 = No)
 - **MEDICAID**
 - (1 = Yes; 2 = No)
 - Yes may also be marked if the customer has reached his or her lifetime benefit limit.

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CDC Section II



- Does Customer Speak English Well?
- If No, What Language is Preferred?
 - 1 – Spanish
 - 2 – Native North American (specify)
 - 3 – German
 - 4 – French
 - 5 – Vietnamese
 - 6 – Chinese
 - 7 – Slavic (Russian, Polish, etc.)
 - 8 – Sign Language
 - 9 – Other (specify)
- **IF LANGUAGE 2 OR 9, THEN SPECIFY**
 - If the customer is not old enough to speak, report the language preference of the child's family.



CDC Section II



- **Disability**

- If the customer has one or multiple disabilities, enter the appropriate code number(s). (01-11)
- Refer to Disability Indicators in CDC Manual for codes. Disability criteria refers to non-mental health disabilities.
- If the customer does not have a disability, enter 01 in the first box and leave the remaining boxes blank.



CDC Section II



- **Legal Status**

- Enter the number that denotes the legal status of the customer at the time of admission.
- There are three general categories of legal status:
 - 01 – Voluntary Admission
 - 03 – Civil Commitment
 - 05 – Not Guilty by Reason of Insanity (NGRI)
 - 07 – Juvenile Court Order
 - 09 – Court Order for Observation/Evaluation
 - 12 – Emergency Detention
 - 13 – Continued Emergency Detention
 - 15 – Court Referred
 - 17 – Protective Custody
 - 20 – Criminal Hold (CR-H) – OFC only
 - 21 – Court Commit with Hold (CC-H) – OFC only

CDC Section II

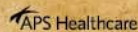
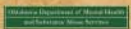


- **County of Commitment**

- If the customer has been remanded through the court or criminal justice system to a facility for treatment, the county in which the legal proceedings took place is to be reported in this field.
- If the legal status code = 01 or 17, you must leave this field blank.

- **Tobacco Use**

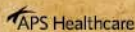
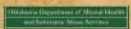
- Enter the number of days tobacco was used in the past 30 days.
- Any tobacco use (chewed, dipped, pinched, smoked, sniffed)





CDC Section II

- Presenting Problems
 - Enter the problem codes representing the identified problems that appear to have caused the customer to seek service.
 - The primary presenting problem **should always** indicate the problem for which the customer will receive services at your agency.
 - All presenting problems should be recorded whether or not your facility will provide services for the other presenting problem. A customer may or may not receive services at your facility for the secondary and tertiary problems identified. See back of CDC for codes.





CDC Section II

- **Drug(s) of Choice**
 - Enter the number or multiple numbers that identify each substance the customer is abusing at the time of admission within the last thirty (30) days. If the customer is not abusing a substance or seeking treatment for a substance, enter 01-None in the first field and leave the rest blank.
- **Usual Route of Administration**
 - Each substance identified in Drugs of Choice, a number must be reported which indicates the usual route of administration. If no substance was reported in Drugs of Choice, leave this field blank.
 - Refer to back of CDC or CDC manual for Codes.



CDC Section II



- **Frequency of Use in Last 30 Days**
 - For each substance identified in Drugs of Choice, a number must be reported which indicates the frequency with which each substance is used or abused in the last 30 days.
 - Refer to back of CDC or CDC manual for codes
- **Age First Used**
 - Enter the customer's age, in years, when first used the substance(s) identified in Drugs of Choice.
 - If no substance was reported in Drugs of Choice, leave field blank.
 - Refer to back of CDC or CDC manual for Codes.

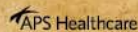


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- **Level of Care**

- Levels of care represent the various combinations of treatment programs and activities, staffing patterns, and settings through which services are **provided by an agency**.
- Listing a level of care that your agency does not provide could result in wrong PAs, and non-payment.
- Enter the letters that best represent the customer's level of care assignment at the time of admission.
- The Outpatient (**OO**) level of care includes a range of treatment services provided on an individual or group basis to ambulatory customers residing in the community.



CDC Section II



- Level of Care (cont.)

- Community Living Programs (**CL**) – Residential Care, Community Housing, Halfway House Programs, and Shelter Programs
- Residential Treatment (**CI**) - Residential treatment.
- Detox program (**SN**) - Detox services
- Community-based Structured Crisis (**SC**) community-based structured crisis care.
- Hospitalization (**HA**) - Inpatient and intermediate inpatient care.



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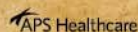
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- **Customer Assessment Record (CAR)**
 - The CAR is required to be completed on all customers with a service focus of mental health at admission. Record the two-digit (01-50) score for each of the nine subscales.
 - The CAR must also be completed at the time of 6-month treatment plan updates
 - The CAR must be updated at the time of discharge if the discharge type is 60-66 or 70.



CDC Section II



- **Addiction Severity Index (ASI)**
 - Completed at the time of admission on all customers receiving substance abuse treatment services.
 - ASI scores are only reported for customers who are **18 years or older**.
 - Record the one-digit (1-9) severity scores for each of the seven subscales.
 - If the customer scores 4 or above on the psychiatric subscale, she/he is to be referred for a mental health assessment, if your facility is unable to provide the services.



CDC Section II



- **Teen Addiction Severity Index (T-ASI)**
 - scores are only reported for customers who are **between the age of 12 and 17 (under 18 years old)**.
 - Record the one-digit (0-4) severity scores for each of the seven subscales.
- **Current Level of Functioning (GAF Scale)**
 - Assessment of the customer's level of functioning must be done at the time of admission.
 - Refer to the Global Assessment of Functioning (GAF) Scale
 - (01 – 99)

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- **Serious Mental Illness (SMI)**
 - Enter the number that indicates whether or not the customer has a Serious Mental Illness (SMI).
 - SMI is only reported for customers who are **older than 18**.
- **Serious Emotional Disturbance (SED)**
 - Enter the number that indicates whether or not the customer is a child with a Serious Emotional Disturbance (SED).
 - SED is only reported for customers **0 to 17 (under 18 years old)**.
- The customer's illness and treatment history must meet the definition of SMI or SED before a Yes (1) can be reported. Found in CDC manual.



CDC Section II



- **Arrests in Past 30 Days**
 - All mental health and substance abuse customers.
 - Should be completed at admission and discharge.
 - Enter the number (**00-99**) of times the customer has been arrested in the past 30 days.

- **Arrests Past 12 Months**
 - All Mental Health and substance abuse customers.
 - Enter the number (**00-99**) of times the customer has been arrested in the past twelve months. The twelve-month total must be inclusive of the 30-day arrest information.



CDC Section II



- **Self-Help Group Attendance Past 30 Days**
 - Self-Help Group must be collected on all customers at admission and discharge.
 - Enter the number of times (00-99) the customer has attended a self-help group in past 30 days.
- Examples include Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Oxford House, consumer drop-in centers, etc.



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- Family ID
 - This field is used to report the parent's Member ID for children receiving services with their parent.
 - If both parents are in treatment or receiving services, enter the mother's Member ID.



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CDC Section II

- Department of Corrections (DOC)
 - If you are providing substance abuse services to a customer in the custody of the Department of Corrections, enter the customer's DOC number or a voucher for treatment number.
 - **Enter the letters DOC in the first three boxes followed by the customer's DOC number or voucher for treatment number.** The last box in this field may or may not be blank depending on the length of the number.



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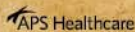
- Department of Human Services (DHS) Case Number
 - DHS case (seven character) number is required for customers being treated under the TANF contract. The primary referral source must be 49, TANF.
 - C or H must be the first character of the seven character DHS (TANF) case number.
 - Child Welfare number must be 10 characters long beginning with KK.



CDC Section II



- **Clinician of Record (NPI)**
 - The intent of this field will allow clinicians to track the outcomes and demographics of their clientele.
 - How to report the Clinician of Record
 - Admission (23): Report which clinician is the primary clinician responsible for the customer's care at that time.
 - Six Month Update (42): Report which clinician of record at the point the 6 month update was reported.
 - Discharge (60-72): Report which clinician of record at the point the discharge was reported.
 - Level of Care Change (40): Report which clinician will be responsible for the customer's care in the new level of care. For example, if a customer is leaving residential treatment unit and going to outpatient, the clinician of record should be from the outpatient treatment unit.



CDC Section III



Customers under 18 years old

- Is this Customer in the custody of Office of Juvenile Affairs (OJA)?
 - If in OJA custody enter 1 for Yes, 2 for No
- Is this Customer in the custody of Department of Human Services (DHS)?
 - If in DHS custody enter 1 for Yes, 2 for No.



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CDC Section III



Customers under 18 years old

- In what type of Out-of-Home placement is the customer living?
- Select one that best fits the placement of the child:
 - 1. Not in Out-of-Home Placement.
 - 2. Residential Treatment
 - 3. Specialized Community Group Home
 - 4. Foster Care
 - 5. Group Home
 - 6. Other



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Customers under 18 years old

- In the past 90 days, how many days was the customer in **restrictive** placement?
 - Enter 00 – 90.
 - Includes jail, juvenile detention center, inpatient psychiatric hospital, drug/alcohol rehabilitation center, residential treatment, group home.
- In the past 90 days, on how many days did an incident of self-harm occur?
 - Enter 00 – 90.

CDC Section III



Customers under 18 years old

- School-Aged Children:
 - In the past 90 days of the school year, how many days was the customer absent from school?
 - In the past 90 days of the school year, how many days was the customer suspended from school?
 - Enter 00-66 days
 - Enter 99 for Not Applicable



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Customers under 18 years old

- Children Under School Age:
 - In the past 90 days how many days was the customer not permitted to return to day care?
 - Enter 00-66 days
 - Enter 99 for Not Applicable

Customers Name & Address



- Legal Name
 - Last Name
 - Maiden Name (if female)
 - First Name
 - Middle Name
- The name fields only accept letters, hyphens, apostrophe, and spaces.
- Enter the address of the customer's residence.
 - Address 1:
 - Address 2: (optional if needed)
 - City
 - State
- If the customer is homeless or living in a residential care home, you may use your agency address for homeless customers, and the address of the residential home as the customer address.



How Can the CDC Help You?



- Information in report format can help you with your agency and your programs
 - Help with explaining funding requirements
 - Show program improvement or the reverse
 - How you compare to yourself from year to year
 - How you compare to other facilities – Statewide



Western Department of Health Services
Performance Improvement Services

APS Healthcare



Closing



- What is the CDC – Data collection
- Why the data is needed – funding
- Using data – Program improvement

Data is the new communication language.
‘They’ll’ understand more if we show
rather than tell.



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Oklahoma Department of Mental Health
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